

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV -2 PM 1:40

DOCUMENT # P97000009908  
1. Corporation Name Gm Preston Corporation

600003471316--8  
-11/20/00--01149--016  
\*\*\*1058.75 \*\*\*1058.75

2. Principal Office Address  
5008 W. Linebaugh

3. Mailing Office Address  
P.O. Box 82195

**REINSTATEMENT 98-00**

Suite, Apt. #, etc.  
Ste. 43

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida January 20, 1997

City & State  
Tampa FL

City & State  
Tampa FL

5. FEI Number 59-3426623 Applied For Not Applicable

Zip 33624 Country USA

Zip 33682 Country USA

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name Steven S. Preston  
Street Address (P.O. Box Number is Not Acceptable) 5008 W. Linebaugh  
Suite, Apt. #, Etc. Ste. 43  
City Tampa State FL Zip Code 33624

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 10/24/00  
REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	<u>Steven S. Preston</u>	<u>5008 W. Linebaugh Ste. 43</u>	<u>Tampa, FL 33624</u>
S	<u>Gregory M. Coxon</u>	<u>5008 W. Linebaugh Ste. 43</u>	<u>Tampa, FL 33624</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] Date 10/24/00 (813) 264-1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)